

APPLICATION FOR COTTAGE FOOD OPERATIONS REGISTRATION / HEALTH PERMIT

Return to:

- ☐ 385 N. Arrowhead Ave. 2nd Floor, San Bernardino 92415-0160 - (800) 442-2283
☐ 15900 Smoke Tree St., Ste. 131, Hesperia 92345 - (800) 442-2283
☐ 8575 Haven Ave., Ste. 130, Rancho Cucamonga 91730 - (800) 442-2283

This Section To Be Completed By Applicant - Please Print - Health Permits and Registrations Are NOT Transferable

FACILITY INFORMATION

Name of Cottage Food Operation (Business Name):		Business E-Mail Address:	
Address of Private Home:		City:	State: Zip:
Phone Number:	Alternative Phone Number:		Fax Number:

LEGAL OWNER INFORMATION

Owner of Cottage Food Operation:	Phone Number:		
Owner E-Mail Address:	City:	State:	Zip:

INVOICE INFORMATION

Mail To:	Care Of:		
Address:	City:	State:	Zip:

TYPE OF COTTAGE FOOD OPERATION

Select One: Type of Registration / Permit:	Allows for:
<input type="checkbox"/> "CLASS A" Cottage Food Operation (Registration)	"Direct Sales" only
<input type="checkbox"/> "CLASS B" Cottage Food Operation (Health Permit)	"Direct Sales" and "Indirect Sales" at permitted food facilities
Do you use water from a private well? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, you <u>MUST</u> provide proof of potable water. Attach a copy of the latest water test results including Bac-T, nitrates, nitrites and other constituents of concern.

NOTE: ALL FEES ARE DUE AND PAYABLE PRIOR TO FIRST DAY OF OPERATION. MAKE CHECKS PAYABLE TO: SAN BERNARDINO COUNTY

Application and fee must be submitted prior to operation by any new owner. Failure to pay within 30 days of the first day of operation will result in the assessment of a delinquent fee.

I shall notify this agency in writing if I discontinue operation or change billing address. Failure to do so may result in obligation to pay health services fees and additional penalties.

I HEREBY MAKE APPLICATION FOR HEALTH SERVICES AND REGISTRATION / PERMIT to establish and/or operate the above mentioned business, use, or services in accordance with the laws, ordinances, and regulations that are now or may hereinafter be in force by the United States government, the State of California, and the County of San Bernardino pertaining to the above mentioned business. I hereby consent to all necessary inspections incident to the issuance of this registration/permit and operation of the business. **I hereby grant the Division of Environmental Health Services (DEHS) the right to enter the domestic residence housing the cottage food operation during normal business hours, or at other reasonable times, for the purposes of inspection including the collection of food samples.**

I understand that I am required to obtain an additional health permit if I choose to sell or distribute food made or packaged in my Cottage Food Operation at events including holiday bazaars or other temporary events, such as bake sales or food swaps, transactions at farm stands, certified farmers' markets, or through community-supported agriculture subscriptions.

Initial _____

Signature:	Date:
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Print Name:	Title:
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FEES ENVISION INFORMATION	Fee:	Late Fee:	Total Fee Due:	Amount Paid:
	Received By:	Date:	Check Number:	EHS Receipt Number:
	*FA Number:	*PR Number:	SR Number:	PE Number:
	OW Number:	Permit Exp. Date:	District Number:	City Code:
	AR Number:	Designated Employee:	Contributor Number:	
	Circle One: New Transfer Renewal		Envision Entered By:	Date:

AB 1616: COTTAGE FOOD OPERATIONS SELF-CERTIFICATION CHECKLIST

This self-certification checklist **MUST** be submitted to the Division of Environmental Health Services (DEHS) along with the *Application for Cottage Food Operations Health Permit / Registration*.

NAME OF COTTAGE FOOD OPERATION (BUSINESS NAME)

BY INITIALING AND SIGNING BELOW, I ACKNOWLEDGE THAT I WILL ABIDE BY THE REGULATIONS PERTAINING TO COTTAGE FOOD OPERATIONS.

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| <input type="checkbox"/> | 1. | The cottage food operation (CFO) is located in a private dwelling where the CFO operator currently resides. |
| <input type="checkbox"/> | 2. | All CFO food preparation will take place in the private kitchen within that home. Additional rooms may be used as storage but must be approved by DEHS. Sleeping quarters are excluded from areas used for CFO food preparation or storage. |
| <input type="checkbox"/> | 3. | CFO products shall be non-potentially hazardous (i.e. baked goods without cream, custard or meat fillings; breads; pastries, etc.) and on the California Department of Public Health (CDPH) approved list. All food ingredients used in CFO products must be from an approved source. |
| <input type="checkbox"/> | 4. | Kitchen equipment and utensils used to produce CFO products shall be clean and maintained in a good state of repair. |
| <input type="checkbox"/> | 5. | All food contact surfaces, equipment, and utensils used for the preparation, packaging, or handling of any cottage food products shall be washed, rinsed, and sanitized before each use. |
| <input type="checkbox"/> | 6. | All food preparation, food storage and equipment storage areas shall be maintained free of rodents and insects. |
| <input type="checkbox"/> | 7. | Hand washing with warm water, soap, and drying with a single use towel, is required immediately prior to handling foods and after engaging in any activity that contaminates the hands such as after using the toilet, coughing or sneezing, eating or smoking. |
| <input type="checkbox"/> | 8. | No cottage food preparation, packaging, or handling may occur in the home kitchen concurrent with any other domestic activities, such as family meal preparation, dishwashing, clothes washing or ironing, kitchen cleaning or guest entertainment. |
| <input type="checkbox"/> | 9. | No infants, small children, or pets may be in the home kitchen during the preparation, packaging, or handling of any cottage food products. |
| <input type="checkbox"/> | 10. | Smoking shall be prohibited in the portion of a private home used for the preparation, packaging, storage, or handling of cottage food products and related ingredients or equipment, or both, while cottage food products are being prepared, packaged, stored or handled. |
| <input type="checkbox"/> | 11. | A person with a contagious illness shall refrain from work in the registered or permitted area of the cottage food operation. |
| <input type="checkbox"/> | 12. | All persons preparing or packaging CFO products must obtain County of San Bernardino food handler certification within 3 months of being registered or permitted with DEHS. Only certification from the County of San Bernardino will be accepted. |
| <input type="checkbox"/> | 13. | No more than 1 full-time equivalent employee is allowed. Immediate family or household members are not included. |
| <input type="checkbox"/> | 14. | <p>A CFO shall properly label all cottage food products with the following:</p> <ul style="list-style-type: none"> a. The words "Made in a Home Kitchen" in 12-point type on the cottage food product's primary label. b. The name commonly used to describe the food product. c. The city, state and zip code of the cottage food operation which produced the cottage food product. If the CFO is not listed in the current telephone directory, then a street address must also be declared. d. The name of the CFO which produced the cottage food product (i.e. business name). e. The registration or permit number of the CFO which produced the cottage food product and in the case of "Class B" CFOs, the name of the county where the permit was issued. f. The ingredients of the food product, in descending order of predominance by weight, if the product contains two or more ingredients. g. The net quantity (count, weight, or volume) of the food product. It must be stated in both English (pound) units and metric units (grams). h. A declaration on the label in plain language if the food contains any of the eight major food allergens such as milk, eggs, fish, shellfish, tree nuts, wheat, peanuts and soybean. There are two approved methods: 1) in a separate summary statement immediately following or adjacent to the ingredient list, or 2) within the ingredient list. i. If the label makes approved nutrient content claims or health claims, the label must contain a "Nutrition Facts" statement on the information panel so as to be in compliance with the Federal Food, Drug, and Cosmetic Act available at <u>21 U.S.C. Sect. 343 et seq. and 21 CFR Part 101</u>. j. Labels must be legible and in English (accurately translated information in another language may accompany it). k. Labels, wrappers, inks, adhesives, paper, and packaging materials that come into contact with the cottage food product by touching the product or penetrating the packaging must be food-grade (safe for food contact) and not contaminate the food. |
| <input type="checkbox"/> | 15. | Potable drinking water shall be used during the preparation or as an ingredient in cottage food products. CFOs using a private well as a water source must provide evidence of potable drinking water including test results for: Bacteriological Test (<i>quarterly</i>), Nitrates (<i>annually</i>), Nitrites (<i>every 3 years</i>) and constituents of concern such as Fluoride or Arsenic (<i>once</i>). |
| <input type="checkbox"/> | 16. | Provide evidence of approval (i.e. business license or home occupancy license) from city planning and zoning (within city limits) or County of San Bernardino Land Use Department (unincorporated areas). |
| <input type="checkbox"/> | 17. | List the foods that will be prepared (attach additional paper if necessary): |

I ACKNOWLEDGE THAT I HAVE READ AND WILL ABIDE BY THE REGULATIONS PERTAINING TO COTTAGE FOOD OPERATIONS.	INITIAL
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PLEASE READ - DECLARATION AND SIGNATURE

ALL FEES ARE DUE AND PAYABLE PRIOR TO THE FIRST DAY OF OPERATION. Make checks payable to: COUNTY OF SAN BERNARDINO

This checklist, along with the required application, and all subsequent fees must be submitted prior to operation. Failure to pay will result in the assessment of a delinquent fee or closure. I declare under the penalty of law, that to the best of my knowledge and belief, the statements made herein are correct and true. I have knowledge of, and commit to meet state law and relevant local regulations pertaining to the AB 1616: Cottage Food Operations. I acknowledge the rules and regulations set forth by the San Bernardino County, Division of Environmental Health Services. As the Cottage Food Operator, I shall ensure my operation is in compliance with the Cottage Food Operations requirements mentioned in this checklist. I hereby consent to all necessary inspections incident to the issuance of a registration / health permit and the operation of the business. I hereby grant DEHS the right to enter the domestic residence housing the cottage food operation during normal business hours, or at other reasonable times, for the purposes of inspection including the collection of food samples. Furthermore, I understand that failure to meet all requirements specific to the Cottage Food Operations and set forth by the County of San Bernardino may result in permit suspension and/or closure of the Cottage Food Operation.

SIGNATURE OF COTTAGE FOOD OPERATOR	DATE
PRINT NAME	TITLE